

Changes & Cancellation Request Form

PRIMARY MEMBER INFORMATION Please complete top portion, and fill out appropriate section for your change/cancellation request.

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE

MEMBERSHIP CARD #

1. Membership cancellations or suspensions must be submitted in writing by the 10th of the month to be effective for the following auto payment.
2. Membership fees and dues are non-refundable.
3. I understand my first automatic payment is on: _____
4. The secondary adult is allowed to make changes to our membership plan.
5. I understand that the HydroMassage Beds are an additional cost and must be added as an autopay add-on to my membership. I understand that this is not automatically on my plan, and I must confirm with the Front Desk to sign up. I understand that with payment, I can use the HydroMassage Beds for one session per day.

MEMBER INITIALS: _____

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MEMBER INITIALS: _____

I WOULD LIKE TO UPDATE MY MEMBER INFORMATION

HOUSEHOLD INFORMATION: ADDRESS

CITY STATE ZIP HOME PHONE
CELL WORK PHONE EMAIL

I WOULD LIKE TO UPDATE MY EMERGENCY CONTACT/PICK UP AUTHORIZATION NOT IN SAME HOUSEHOLD

NAME (FIRST, LAST) EMERGENCY PICK UP AUTHORIZATION
CELL PHONE RELATIONSHIP TO MEMBER

I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE Membership changes are subject to a \$10 change fee.

PLEASE SELECT YOUR CURRENT MEMBERSHIP TYPE(S):

YOUTH ADULT SENIOR ACTIVE & FIT SILVER & FIT* RENEW ACTIVE
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) FAMILY III (3-4 ADULTS) SCHOLARSHIP STAFF NIPT SILVER GOLD
 FAMILY I PLUS (UP TO 5 MEMBERS) FAMILY II PLUS (6+ MEMBERS) FAMILY III PLUS (3-4 ADULTS) _____

PLEASE SELECT YOUR NEW MEMBERSHIP TYPE(S):

YOUTH ADULT SENIOR ACTIVE & FIT SILVER & FIT* RENEW ACTIVE
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) FAMILY III (3-4 ADULTS) SCHOLARSHIP STAFF NIPT SILVER GOLD
 FAMILY I PLUS (UP TO 5 MEMBERS) FAMILY II PLUS (6+ MEMBERS) FAMILY III PLUS (3-4 ADULTS) _____

NEW PRIMARY MEMBER (PLEASE COMPLETE A MEMBERSHIP APPLICATION)

NAME (FIRST, MIDDLE, LAST)

I WOULD LIKE ADD/REMOVE MEMBERS FROM MY ACCOUNT

PLEASE PROVIDE PHONE NUMBER FOR AGES 18+

NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> REMOVE	PHONE
BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	MEMBER #
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> REMOVE	PHONE
BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	MEMBER #
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> REMOVE	PHONE
BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	MEMBER #
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> REMOVE	PHONE
BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER	<input type="radio"/> MALE	<input type="radio"/> FEMALE	MEMBER #

I WOULD LIKE TO ADD/KEEP HYDROMASSAGE TO MY MEMBERSHIP

1. NAME ADD KEEP
2. NAME ADD KEEP

Completing and signing this form authorizes a monthly auto pay that allows you access to The Kroc Recovery Center HydroMassage Chairs. This auto pay is taken out at same time as your normal membership fee, on the 20th of each month.

I WOULD LIKE TO CHANGE MY BANKING INFORMATION

AUTOMATIC MONTHLY ON VISA/MC/AMEX/DISCOVER

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

NAME (AS IT APPEARS ON CARD)

LAST 4 DIGITS ON CARD

CARD EXPIRATION DATE

SIGNATURE

DATE

I WOULD LIKE TO ADD/KEEP MY PAY IT FORWARD DONATIONS

You can share The Kroc with those in need! Simply add a small donation for The Kroc Community Outreach Fund to your monthly membership transaction.

YES, I WOULD LIKE TO MAKE A MONTHLY DONATION OF

MONTHLY DONATION AMOUNT \$20 \$10 \$5 OTHER

I UNDERSTAND THIS IS A TAX-DEDUCTIBLE GIFT THAT WILL BE ADDED TO MY MEMBERSHIP TRANSACTION.

I WOULD LIKE TO UNSUSPEND MY PAYMENTS

YES, ALL OF MY CONTACT AND PAYMENT INFORMATION ON FILE IS CORRECT

NO, PLEASE USE UPDATED INFORMATION ON THIS FORM

I WOULD LIKE TO SUSPEND MY PAYMENTS

Written request of a suspension must be received by the **10th of the current month** in order to become effective in the following month.

Please select your type of suspension plan:

MEDICAL EMERGENCY (6 MONTH MAXIMUM FOR MEDICAL SUSPENSIONS)

Doctor's note required. Please attach to form.

SUSPENSION PLUS

SENIOR/YOUTH \$12/MONTH

ADULT \$12/MONTH

FAMILY \$20/MONTH

Suspension Plus takes effect on the first day after your current Membership Plan expires. The first month's fees are collected in advance. The monthly fees will continue to be collected via auto-pay, on or about the 19th of every month until a request to Cancel or Change the Suspension Plus fee is received. Suspension fees are non-refundable.

I AM REQUESTING TO RESCIND MY CANCELLATION REQUEST

MEMBERSHIP (PLEASE INITIAL MEMBERSHIP POLICIES)

DONATIONS

I AM REQUESTING TO CANCEL MY AUTOMATIC MONTHLY PAYMENTS

MEMBERSHIP

PAY IT FORWARD DONATIONS

HYDROMASSAGE

I am the signer of the Authorization Agreement for Automatic Payments. I understand I must submit a written request to cancel a membership and to discontinue the corresponding debit entry/entries to my (our) payment account on record with The Salvation Army Kroc Center accounting department by the **10th of the current month** in order to become effective in the following month. If I elect to reopen my membership(s), the appropriate registration fee will apply.

NAME OF PERSON MAKING PAYMENTS

LIST OF ALL MEMBER(S) TO BE CANCELLED:

REASON FOR CANCELLING:

FEES TOO HIGH MEDICAL NO TIME FACILITY TOO CROWDED DISSATISFIED WITH STAFF MOVED

OTHER

CHANGE/CANCELLATION WILL TAKE EFFECT ON: _____

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Kroc Center's Terms of Membership.

MEMBER SIGNATURE

DATE

FOR FRONT DESK STAFF USE ONLY:

RECEIVED BY

DATE

FOR OFFICE USE ONLY:

RECEIVED BY

DATE